

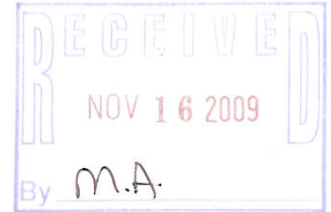


40AA0002

November 12, 2009

Project No. 1235.001

Ms. Christine Karl
CALIFORNIA INTEGRATED WASTE MANAGEMENT BOARD
1001 I Street, MS10A-15
Sacramento, California 95814-2828



SWFP Application for Permit Review
Camp Roberts Landfill
Camp Roberts, California

Dear Ms. Karl:

Enclosed for the California Integrated Waste Management Board's (CIWMB's) permit review is a completed application for the Solid Waste Facility Permit (SWFP) for the Camp Roberts Landfill at Camp Roberts, California. Avocet Environmental, Inc. (Avocet) is submitting this application on behalf of the California Army National Guard (CAARNG) to comply with the enforcement order issued by the CIWMB on June 15, 2009.

Avocet understands that in order to deem the application complete, the CAARNG will have to submit a revised Joint Technical Document and the Final Closure and Postclosure Maintenance Plan for the North Unit to address the comments provided by the CIWMB. In addition, the CIWMB has requested that an updated Preliminary Closure and Postclosure Maintenance Plan for the South Unit be submitted to address the proposed landfill upgrades.

Per our discussions, Avocet understands that while these documents are being prepared in order to complete the SWFP application process and comply with the May 31, 2010 deadline, submission of the enclosed application gets the CAARNG in compliance with the enforcement order issued by the CIWMB on June 15, 2009.

If you have any questions or require additional information, please do not hesitate to call.

Respectfully submitted,

AVOCET ENVIRONMENTAL, INC.

Robert Van Hyning, P.E.
Principal

RVH:sh

Attachments

cc: COL Darryl Balcao – CAARNG (electronic only)
Scott Hilyard – CAARNG (electronic only)
LTC Judy Mavroleon – CAARNG (electronic only)

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APPLICATION FOR SOLID WASTE FACILITY PERMIT/WASTE DISCHARGE REQUIREMENTS

CIWMB E-1-77 (Rev. 8-04)

NOTE: This form has been developed for multiple uses. It is the transmittal sheet for documents required to be submitted to the appropriate agency.
Please refer to the attached instructions for definitions of terms and for completing this application form in a complete and correct manner.

FOR OFFICIAL USE ONLY

SWIS NUMBER:	FILING FEE:	RECEIPT NUMBER:	DATE RECEIVED:
DATE ACCEPTED:	DATE REJECTED:	ACCEPTANCE DATE OF INCOMPLETE APPLICATION: DATE DUE:	

Part 1. GENERAL INFORMATION

A. ENFORCEMENT AGENCY: California Integrated Waste Management Board	B. COUNTY: San Luis Obispo
C. TYPE OF APPLICATION (Check one box only):	
<input type="checkbox"/> 1. NEW SWFP and/or WDRS	<input checked="" type="checkbox"/> 4. PERMIT REVIEW
<input type="checkbox"/> 2. REVISION OF SWFP and/or WDRS	<input type="checkbox"/> 5. AMENDMENT OF APPLICATION
<input type="checkbox"/> 3. EXEMPTION and/or WAIVER	<input type="checkbox"/> 6. RFI/ROWD/JTD AMENDMENTS

Part 2. FACILITY DESCRIPTION

A. NAME OF FACILITY: Camp Roberts Landfill
B. LOCATION OF FACILITY:
1. PHYSICAL ADDRESS OR LOCATION AND ZIP CODE: Perimeter Road, Camp Roberts, CA 93451-5000
2. LATITUDE AND LONGITUDE: 35°46'27.6"N 120°44'05.0"W
3. LEGAL DESCRIPTION OF PERMITTED BOUNDARY BY SECTION, TOWNSHIP, RANGE, BASE, AND MERIDIAN, IF SURVEYED: Landfill is contained within Section 12, Township 25 south, Range 11 east, Mount Diablo Base and Meridian
C. TYPE OF ACTIVITY: (Check applicable boxes):
<input checked="" type="checkbox"/> 1. DISPOSAL a. TYPE: Non hazardous municipal solid waste and construction/demolition waste
<input type="checkbox"/> 2. COMPOSTING a. TYPE: _____
<input type="checkbox"/> 3. TRANSFORMATION
<input type="checkbox"/> 4. TRANSFER/PROCESSING FACILITY
<input type="checkbox"/> 5. OTHER (describe): _____
<input type="checkbox"/> CHECK HERE IF RECYCLABLE MATERIALS ARE RECOVERED PRIOR TO TRANSFER/PROCESSING.

D. CONFORMANCE FINDING INFORMATION (CIWMP):

<input checked="" type="checkbox"/> 1. FACILITY IS IDENTIFIED IN (Check one):	<input checked="" type="checkbox"/> SITING ELEMENT DATE OF DOCUMENT November 8, 1995 PAGE # 4-1
	<input type="checkbox"/> NONDISPOSAL FACILITY EL DATE OF DOCUMENT _____ PAGE # _____
<input type="checkbox"/> 2. FACILITY IS NOT REQUIRED TO BE IDENTIFIED IN SITING ELEMENT OR NONDISPOSAL FACILITY ELEMENT	

E. TYPE OF PERMITTED WASTES TO BE RECEIVED: (Check applicable boxes):

<input type="checkbox"/> 1. AGRICULTURAL	<input checked="" type="checkbox"/> 6. CONSTRUCTION/DEMOLITION	<input type="checkbox"/> 11. LIQUIDS
<input type="checkbox"/> 2. ASBESTOS <input type="checkbox"/> Friable <input type="checkbox"/> Non-friable	<input type="checkbox"/> 7. CONTAMINATED SOILS	<input checked="" type="checkbox"/> 12. MIXED/MUNICIPAL SOLID WASTE
<input type="checkbox"/> 3. ASH	<input type="checkbox"/> 8. DEAD ANIMALS	<input type="checkbox"/> 13. SEWAGE SLUDGE
<input type="checkbox"/> 4. AUTO SHREDDER	<input type="checkbox"/> 9. INDUSTRIAL	<input type="checkbox"/> 14. TIRES
	<input type="checkbox"/> 10. INERT	<input type="checkbox"/> 15. OTHER (describe): _____
<input type="checkbox"/> 5. COMPOSTABLE MATERIAL (describe): _____		

Part 3. FACILITY INFORMATION

A. PROPOSED CHANGE (Check applicable box(es)):

- ☒ 1. DESIGN (describe): Construct lined cells in South unit to handle nonhazardous municipal solid waste and construction/demolition waste, increase the final elevation of South Unit from 783 feet MSL to 850 feet MSL with a change slope configuration
- ☒ 2. OPERATION (describe): Change permitted operation hours to 24 hours per day, seven days a week, and an increase in the number of vehicles per day (vpd)
- ☐ 3. OWNER, OPERATOR, ADDRESS, AND/OR FACILITY NAME CHANGE (describe): NA
- ☐ 4. OTHER (describe): NA

B. FACILITY INFORMATION:

1. INFORMATION APPLICABLE TO ALL FACILITIES:

a. PEAK DAILY TONNAGE OR CUBIC YARDS 618 tpd of nonhazardous municipal solid waste and construction/demolition waste.

1) DISPOSAL/TRANSER (unit) 43 tpd of nonhazardous municipal solid waste + 575 tpd of construction/demolition waste.

2) OTHER (unit) NA

b. DAILY DESIGN TONNAGE (TPD) 43 tpd of nonhazardous solid waste + 575 tpd of construction/demolition waste

c. FACILITY SIZE (acres) 85.4 acres

d. PEAK TRAFFIC VOLUME PER DAY (vpd) 142 vpd

e. DAYS AND HOURS OF OPERATION 24 hours a day, seven days a week

2. ADDITIONAL INFO. REQUIRED FOR COMPOSTING FACILITIES ONLY:

a. SITE STORAGE CAPACITY (cu yds) NA

3. ADDITIONAL INFORMATION REQUIRED FOR LANDFILLS ONLY:

a. AVERAGE DAILY TONNAGE (TPD) 43 tpd of nonhazardous solid waste + 70 tpd of construction/demolition waste

b. SITE CAPACITY CURRENTLY PERMITTED (Airspace) (cu yds) 362,041 cu yds (100,618 in North Unit and 261,423 cu yds in South Unit)

c. SITE CAPACITY PROPOSED (Airspace) (cu yds)

Additional proposed capacity is as follows:

	North Unit (in cu yds)		South Unit (in cu yds)	
Total Additional Capacity Proposed	0	224,538	Non hazardous municipal solid waste	
	0	418,000	Construction/demolition waste	
		642,538	cubic yards	

d. SITE CAPACITY USED TO DATE (Airspace) (cu yds) 150,209 cu yds

e. SITE CAPACITY REMAINING (Airspace) (cu yds) North Unit - 30,301 cu yds (will be used for closure), South Unit - 181,519 cu yds

f. DATE OF CAPACITY INFORMATION (Date) (See instructions): October 2009

g. LAST PHYSICAL SITE SURVEY (Date) February 2004 (No waste deposited since)

h. ESTIMATED CLOSURE DATE (month and year) December 2045

i. DISPOSAL FOOTPRINT (acres) 17.6 acres (4.9 acres for the North Unit and 12.7 acres for the South Unit)

j. SITE CAPACITY PLANNED (cu yds) NA

k. 1. (i) IN-PLACE WASTE DENSITY (lbs of waste per cu yd of waste) 1,300 lbs per cu yd

AND

(ii) WASTE-TO-COVER RATIO (Estimated) (v:v) 4:1

OR

2. AIRSPACE UTILIZATION FACTOR (tons of waste per cu yd of landfill airspace)

Part 4. SOURCE OF WATER SUPPLY (Check applicable boxes)

☐ A. MUNICIPAL OR UTILITY SERVICE:

☒ B. INDIVIDUAL (wells): Onsite wells C-3A, C-4A and C-5A

☐ C. SURFACE SUPPLY:

1. NAME OF STREAM, LAKE, ETC.:

2. TYPE OF WATER RIGHTS:

☐ RIPARIAN

☐ APPROPRIATION

3. STATE PERMIT OR LICENSE NUMBER, IF APPLICABLE:

Part 5. COMPLIANCE WITH CALIFORNIA ENVIRONMENTAL QUALITY ACT (CEQA) (Check applicable boxes)

A. CHECK BOX(ES) IF ENVIRONMENTAL DOCUMENT WAS OR WILL BE PREPARED FOR THIS PROJECT AND PROVIDE THE STATE CLEARINGHOUSE NUMBER (SCH#):

☒ ENVIRONMENTAL ASSESSMENT REPORT (EA) PER NEPA/CEQA SCH# 2009104002☒ NEGATIVE DECLARATION (ND)/MITIGATED NEGATIVE DECLARATION (MND) SCH# 2009104002☐ ADDENDUM TO (Identify environmental document) _____ SCH# _____

B. IF ENVIRONMENTAL DOCUMENT(S) WAS NOT PREPARED, PLEASE PROVIDE THE FOLLOWING INFORMATION:

☐ CATEGORICAL/STATUTORY EXEMPTION (CE/SE)
EXEMPTION TYPE _____

GUIDELINE # _____

Part 6. LIST OF ATTACHMENTS (Fill in the date for each document checked)**A. REQUIRED WITH ALL APPLICATION SUBMITTALS:**☒ RFI/JTD May 2007☐ LOCAL USE/PLANNING PERMITS _____☒ LOCATION MAP Attached Figure☒ MITIGATION MONITORING IMPLEMENTATION SCHEDULE September 2009☒ ENVIRONMENTAL DOCUMENT(S):☐ EIR September 2009☐ MND/ND September 2009☐ EXEMPTION _____☐ ADDENDUM _____**B. ADDITIONAL REQUIRED DOCUMENTS FOR LANDFILLS ONLY:**☐ OPERATING LIABILITY FINANCIAL MECHANISM _____☒ FINANCIAL RESPONSIBILITY DOCUMENTATION _____☒ CLOSURE/POST CLOSURE MAINTENANCE PLAN☐ LANDFILL CAPACITY SURVEY RESULTS (see instructions) _____☐ PRELIMINARY _____☐ FINAL _____**C. IF APPLICABLE:**☒ REPORT OF WASTE DISCHARGE _____☐ DEPT. OF HEALTH SERVICES PERMIT _____☐ CONTRACT AGREEMENTS _____☐ SWAT (Air and water) _____☐ STORMWATER PERMIT APPLICATION _____☐ WETLANDS PERMITS _____☒ NPDES PERMIT APPLICATION _____☐ VERIFICATION OF FIRE DISTRICT COMPLIANCE _____☐ OTHER _____**Part 7. OWNER INFORMATION (For disposal site, if operator is different from land owner, attach lease or other agreement)****TYPE OF BUSINESS:**☐ SOLE PROPRIETORSHIP☐ PARTNERSHIP☐ CORPORATION☒ GOVERNMENT AGENCY

OWNER(S) OF LAND

(Name):

U.S. Department of the ArmyADDRESS, CITY, STATE, ZIP
California Army National Guard
9800 Goethe Road,
P.O. Box 269101
Sacramento, CA 95826-9101

SSN OR TAX ID #

TELEPHONE #:

(916) 854-3618

FAX #:

(916) 854-3643

E-MAIL ADDRESS:

lorren.deakin@us.army.mil

CONTACT PERSON (Print Name):

Major Lorren T. Deakin

Part 8. OPERATOR INFORMATION (For disposal site, if operator is different from land owner, attach lease or other agreement)

TYPE OF BUSINESS:

☐ SOLE PROPRIETORSHIP☐ PARTNERSHIP☐ CORPORATION☒ GOVERNMENT AGENCY

FACILITY OPERATOR(S)

(Name):

California Army National Guard

ADDRESS, CITY, STATE, ZIP

Camp Roberts Maneuver Training Center
Building 109
Camp Roberts, CA 93451

SSN OR TAX ID #:

TELEPHONE #:

(805) 238-8201

FAX #:

(805) 238-8306

E-MAIL ADDRESS:

barbara.nuismer@us.army.mil

CONTACT PERSON (Print Name):

Colonel Barbara A. Nuismer

ADDRESS WHERE LEGAL NOTICE MAY BE SERVED:

Part 9. SIGNATURE BLOCK**Owner:**

I certify under penalty of perjury that the information I provided for this application and for any attachments is true and accurate to the best of my knowledge and belief. I am aware that the operator intends to operate a solid waste facility at the site specified above pursuant to this application and understand that I may be responsible for the site should the operator fail to meet applicable requirements.

SIGNATURE (LAND OWNER OR AGENT):



PRINTED NAME:

Major Lorren T. Deakin

TITLE:

United States Property and Fiscal Officer for Real Property, Army
Operator:

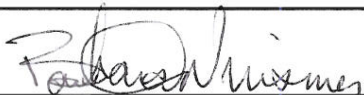
DATE: 30 OCT 09

I certify under penalty of perjury that the information contained in this application and all attachments are true and accurate to the best of my knowledge and belief.

SIGNATURE (FACILITY OPERATOR OR AGENT):

PRINTED NAME:

Colonel Barbara A. Nuismer



6 NOV 09

TITLE:

Commander, Camp Roberts Maneuver Training Center

DATE:

Part 10. OTHER (Attach additional sheets to explain any responses that need clarification).